

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

## Health Department, City of Baltimore.

Permit No. 1271 Office of Registrar of Vital Statistics.

Ward 4<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, July 13<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Frank Stafford

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 23 Years, 17 Months, 17 Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Chambermaid

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give Street and Number. }

324 Chestnut St

Cause of Death, { First (Primary), }

Heat

{ Second (Immediate), }

Cholera Infantum

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 14 1887

{ Undertaker, Hercules Ross

M. D.

{ Place of Business, 404 Conway St Address, Ring 114 Fayette

Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 1272 Office of Registrar of Vital Statistics.

Ward 4<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, July 13<sup>th</sup> 1887

Full Name of Deceased, Mary Jones { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, Female { Cross out the word not required in this line. }

Age,                      Years,                      Months, 9 Days.

Color, Mulatto

Married, Single, Widow or Widower, Single { Cross out the words not required in this line. }

Occupation, nil

Birth Place, Balti. { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, 308 Chestnut { Give Street and Number. }

Cause of Death, Tuberculosis { First (Primary), }  
Asthma { Second (Immediate), }

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetery

Date of Burial, July 14 1887

{ Undertaker, Hercules Ross Medical Attendant.

{ Place of Business, 407 Conway Address, 403 E. Calver

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

## Health Department, City of Baltimore.

Permit No. 1273 Office of Registrar of Vital Statistics.

Ward 4<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within ~~twenty-four~~ hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, July 13 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Rebecca Levine

Sex, Male or Female, { Cross out the word not required in this line. } female

Age, 10 Years, 10 Months, 10 Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, none

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balt.

Duration of Residence in the City of Baltimore, lifetime

Place of Death, { Give Street and Number. } 327 Chestnut St.

Cause of Death, { First (Primary), Second (Immediate), } Cholera Infantum

Duration of Last Sickness, asthma

5 days

All the above information should be furnished by the Physician.

Place of Burial, Russian Cemetery

Date of Burial, July 14 1887

Undertaker, Jacob A. Rhrens

Place of Business, 126 W. Baltimore St. Address, 403 E. Euter St.

Medical Attendant, Dr. H. H. H. M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



No. 1274

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. A 1274 Office of Registrar of Vital Statistics.

Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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## CERTIFICATE OF DEATH.

Date of Death, July 13 1887

Full Name of Deceased, Lewis Henderson

Sex, Male or Female, Male

Age, white Years, 1/2 Months, 1/2 Days.

Color, white

Married, Single, Widow or Widower, Single

Occupation, Shiptine

Birth Place, 1409 Hollins

Duration of Residence in the City of Baltimore, Shiptine

Place of Death, 1409 Hollins

Cause of Death, Heart Disease

Duration of Last Sickness, 18 hours

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, July 14/87

Undertaker, G. B. Cook M. D.

Place of Business, 1003 B. Baltimore Address, 10 E. Frederick

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

## Health Department, City of Baltimore.

Permit No. A 1275 Office of Registrar of Vital Statistics. Ward 5<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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### CERTIFICATE OF DEATH.

Date of Death, July 14<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Charles Frederick

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, one Years, four Months, five Days

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, \_\_\_\_\_

Birth Place, { State or country, and how long in the United States, if of foreign birth. } 1118 Philpot Alley

Duration of Residence in the City of Baltimore, 1 yr. 4 m. 5 days

Place of Death, { Give Street and Number. } 1118 Philpot Alley

Cause of Death, { First (Primary), Cholera Infantum

{ Second (Immediate), Asphyxia

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, July 15<sup>th</sup> 1887

{ Undertaker, H. Hocke & Son } O. J. Maguire M. D. Medical Attendant.

{ Place of Business, Central Ave } Address, 111 S. Capitol St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

## Health Department, City of Baltimore.

Permit No. A 1276 Office of Registrar of Vital Statistics.

Ward 7<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within ~~twenty-four hours~~ after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, July 13<sup>th</sup> 1887

Full Name of Deceased, Charles Finkand  
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, Male  
{ Cross out the word not required in this line. }

Age, 8 Years, 2 Months, 2 Days.

Color, White

Married, Single, Widow or Widower, Single  
{ Cross out the words not required in this line. }

Occupation, Bald City

Birth Place, Bald City  
{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Life time

Place of Death, 1838 E Biddle St  
{ Give Street and Number. }

Cause of Death, Cholera Infantum  
{ First (Primary), Second (Immediate). }

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, H. Alphonsius

Date of Burial, July 15<sup>th</sup> 1887

Undertaker, A. Fink & Son M. D.

Place of Business, No. 915 N. Gay St Address, 111 N. Gay St

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

## Health Department, City of Baltimore.

Permit No.

1277

Office of Registrar of Vital Statistics.

Ward

4<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death,

July 14 1887

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

William Hein

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

Years,

Months,

9 Days.

Color,

White

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birth Place,

{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death,

{ Give Street and Number. }

124 Little Gough St.

Cause of Death,

{ First (Primary), }

Eclampsia

{ Second (Immediate), }

Duration of Last Sickness,

2 days

All the above information should be furnished by the Physician.

Place of Burial,

Gutten Cem.

Date of Burial,

July 14 1887

{ Undertaker,

John Herrick

{ Place of Business,

200 S. Calver St.

J. H. Collenberg

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



No. 1278

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 1278 Office of Registrar of Vital Statistics.

Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, July 14th 1887

Full Name of Deceased, Charles Hentz

Sex, Male or Female, Male

Age, 32 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, Single

Occupation, Laborer

Birth Place, Pennsylvania

Duration of Residence in the City of Baltimore, 30 years

Place of Death, 1128 Johnson St

Cause of Death, Bright's Disease of Kidney

Duration of Last Sickness, Three Months

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetery

Date of Burial, July 15/87

Undertaker, Michael Punt

E W Jarmey M. D. Medical Attendant.

Place of Business, 1403 Bank Address, 1223 1st St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

## Health Department, City of Baltimore

Permit No. A. 1279 Office of Registrar of Vital Statistics.

Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, July 14 - 1887

Full Name of Deceased, J. W. Jennerlein  
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 4 Years, 12 Months, 12 Days.

Color, white

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, ✓

Birth Place, Balto. City  
{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, since born

Place of Death, 115 N. Durham St.  
{ Give Street and Number. }

Cause of Death, Cholera Infantum  
{ First (Primary), Second (Immediate), }

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, July 14 1887

Undertaker, J. E. Dausch M. D.

Place of Business, Bent & Wolfe Address, 1727 E. Balto. M.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



Physician is respectfully invited to the remarks below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. A 1280 Office of Registrar of Vital Statistics. Ward 2

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, July 15/87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Florisia Reslain

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 68 Years,        Months,        Days,

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, none

Birthplace, { State or country, and now long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 38 years

Place of Death, { Give street and Number. } 874 S. Dallas St.

Cause of Death, { First, (Primary.) Second, (Immediate.) } Diarrhea

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cem.

Date of Burial, July 15th 1887

{ Undertaker, G. Brown Medical Attendant, H. Daniels, M. D.,

{ Place of Business, Gant & Wolfe St. Address, 7011 Bdsy

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last illness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]